

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 58/ 394

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		4					57						
8		4					58						
9		1					59						
10		1					60						
11		①					61						
12		①					62						
13		4					63						
14		4					64						
15		4					65						
16		①					66						
17		①					67						
18		4					68						
19		4					69						
20		4					70						
21	1						71						
22		①					72						
23	1						73						
24		1					74						
25		2					75						
26		1					76						
27		4					77						
28		①					78						
29		4					79						
30		①					80						
31		4					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	168	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	71						TOTAL CLAIMS						